15/5/2010

INS. CASE OWNER: CC 4 / RBE 180 13029 / G fa3

LKK:

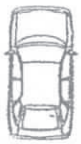
IDAC:

ASSIGNMENT

Surveyor: XWA DOI: 18/7/18 Date / Time: 18/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SLR 3569U Claim No. : VC011671

Name of Insured : TAN SIANG KEE Policy No. : 8-V0016324-MVA

Insured Tel No. : HP: Make / Model : HONDA CIVIC

Excess Sec II :S$ D.O.A : 16/7/2018 Place of Accident : PIE 7 TUAS

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SLR 3569U → SJH 4730T → SLG 7568D →

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP: TORQUE S
Tel :
Liability :
RMKS: TP

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SJH 4730T / SLR 3569U } NA/AIG180139449/V3 ; DOA: 16/07/18

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr to OI:		
Authorisation To Act:		
Release Voucher:		
Final Repair Bill:		
Car Rental Invoice:		
Towing Invoice		
LTA / GIA :		
Medical Bill:		
PIR:		
Mandate/Reject Instruction:		
LOD		
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐
Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(05/11/13) Surveyor: XRL. | REF: QBE | 13024 / GA03 | C0701N

ASSIGNMENT

(-2018)

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s Torque 5

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : **Yes** or **No**

GIA / PR Seen: Consistent? : **Yes** or **No**

Est. Repairs: days Res.: **Yes** or **No**

Lum Sum: % 3 Val.: **Yes** or **No**

CA / REV / REP. / 24 HRS

Vehicle: **IN / OUT**

Date: Person Contacted:

Veh No: SJH4720T Yr Regn: 08 Aug 2008

Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Honda Airwave c.c 1496

Colour Black A/C: **Insured / Std / NI / NA**

Sp.Reading 254348 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: GJ1121093.

Gen. Cond: **Good / Fair / Poor / Burnt**

Steering: **Inorder / Jammed / Leaked / Burnt** or

Brake: **Inorder / Jammed / Leaked / Burnt** or

Modi : **Nil / S/Rim / STD A/Rim** or

Tyre Size: F: 185/70R14

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	6	mm	R/Bal.	6	mm
L/Bal.	6	mm	L/Bal.	6	mm
D.O.A.			D.O.I.	18-07-18	

Survey held at W/S 5:30pm

Des. of Damages : **Frt / Rear / O/S / N/S / U/C / Rooftop** or

The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time	Action / Instruction
18/7	Total loss - Not economy to repair. $500 - $800

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.B.I: ($)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

Others

TOTAL

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	0701N
Vehicle Details	
Vehicle No.:	SJH4720T
Vehicle to be Exported:	No
Intended De-registration Date:	19 Jul 2018
Vehicle Make:	HONDA
Vehicle Model:	AIRWAVE 1.5M A
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	L15A5162931
Chassis No.:	GJ11210933
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	$14,168.00
Original Registration Date:	08 Aug 2008
First Registration Date:	08 Aug 2008
Transfer Count:	1
Actual ARF Paid:	$14,168.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Aug 2018
PARF Rebate Amount:	$7,084.00
Intended COE Rebate Details	
COE Expiry Date:	07 Aug 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	$12,501.00
COE Rebate Amount:	$63.00
Total Rebate Amount:	**$7,147.00**

The information contained herein is correct as at 19 Jul 2018

OK